MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11864

11862

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:
COUNTY Queen Anne MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Queen Anne RD X
LENGTH OF STAY (in this place) 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Queen Anne X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lucinda (Middle) (Last) Butler

4. DATE OF DEATH: (Month) Dec (Day) 10 (Year) 1954

5. SEX: F.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: March 10, 1885
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Talbot, Md
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James Edward Butler
14. MOTHER'S MAIDEN NAME: Nancy Butler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: ✓
17. INFORMANT & ADDRESS: Wm G. Butler, Queen Anne Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Myocardial Insufficiency — Interval Between Onset And Death 1 yr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis + malnutrition

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to Dec. 6, 1954, that I last saw the deceased alive on Dec. 6, 1954, and that death occurred at 11.50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) G. Wm. Martin, Jr. MD
ADDRESS Queenstown, Md.
DATE SIGNED 12/13/54

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF Dec. 14, 54
NAME OF CEMETERY OR CREMATORY Greenmount Cemetery
LOCATION (City, town, or county) Hillsboro (State) Md

DATE REC'D BY LOCAL REGISTRAR 12/14/54
REGISTRAR'S SIGNATURE N. H. Neiriss
Elsie Armstrong mub.
24. FUNERAL DIRECTOR [signature]
ADDRESS Exeter

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 23 1954
BUREAU V. S.

11863

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11865

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH
COUNTY Queen Anne's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barclay
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barclay
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) LEROY (Last) COMMODORE

4. DATE OF DEATH: (Month) Dec. (Day) 22 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —

8. DATE OF BIRTH: June 7-1954

9. AGE last birthday: yrs. — If under 1 year: Months 6 Days 15 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Franklin Commodore

14. MOTHER'S MAIDEN NAME: Shirley Ann Banks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Franklin Commodore Barclay

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

056.1

Immediate cause (a) Bronchial Pneumonia — Interval between onset and death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Pertussis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NO

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NO

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): NO m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1954, to Dec 21, 1954, that I last saw the deceased alive on Dec 21, 1954, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C H Whitcomb MD ADDRESS Pocomoke City Md DATE SIGNED 12/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: Dec. 23 | NAME OF CEMETERY OR CREMATORY: Barclay Col. Cem. | LOCATION (City, town, or county): Barclay (State): Md.

DATE REC'D BY LOCAL REG.: Dec. 23 | REGISTRAR'S SIGNATURE: Edgar A. Land | 24. FUNERAL DIRECTOR: Edgar L. Lane | ADDRESS: Church Hill Md.

2064183404

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 5 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11863 **CERTIFICATE OF DEATH** 11866

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY Queen Annes MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Annes
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Centreville X — LENGTH OF STAY (in this place)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Centreville X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X	STREET ADDRESS (If rural give location) Hope

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) BELLE (Last) EVERETT

4. DATE OF DEATH: (Month) Dec (Day) 27 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Jan - 8 · 1875

9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): McGreensboro Caroline Co Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Andrew Clough

14. MOTHER'S MAIDEN NAME: Mary Wells

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Katherine Everett Centreville Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

450.0

Immediate cause (a) Acute dilatation of the heart

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arthritis Sclerosis

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Full bladder

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 21, 1954, to Dec 27, 1954, that I last saw the deceased alive on 12/26, 1954, and that death occurred at 7:20 A.M., from the causes and on the date stated above.

SIGNATURE H. F. McPherson (Degree or title) M.D. — ADDRESS — DATE SIGNED 12-27-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec 29-54 — NAME OF CEMETERY OR ~~CREMATORY~~ Chesterfield — LOCATION (City, town, or county) (State) Centreville Maryland

DATE REC'D BY LOCAL REGISTRAR 12/28/54 — REGISTRAR'S SIGNATURE Elsie Armstrong

24. FUNERAL DIRECTOR Barton Bros. — ADDRESS Centreville Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 3 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11867

11863

CERTIFICATE OF DEATH

Reg. Dist. No. 2-53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Queen Annes — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Chester
LENGTH OF STAY (in this place) 65 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) WILLIAM (Middle) HENRY (Last) JONES
4. DATE OF DEATH: (Month) Dec. (Day) 9 (Year) 19 54
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 29-1868
9. AGE last birthday: 86 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired
10b. KIND OF BUSINESS OR INDUSTRY: Waterman
11. BIRTHPLACE (State or foreign country): Church Hill Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Darius Jones
14. MOTHER'S MAIDEN NAME: Cecelia Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-14-8076
17. INFORMANT & ADDRESS: William Henry Jones Chester, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Myocardial Insufficiency — Interval Between Onset And Death: 2-3 mos.
443X
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Hypertension — Years.
DUE TO
(c) Arteriosclerotic Cardiovascular Disease — Years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 19 54, to Nov. 30, 19 54, that I last saw the deceased alive on Nov. 30, 19 54, and that death occurred at 6:00 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
G. Wm. Martin Jr., M.D. Queenstown, Md. Dec. 9, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec 12-54
NAME OF CEMETERY OR ~~CREMATORY~~ Stevensville
LOCATION (City, town, or county) (State) Stevensville Maryland

DATE REC'D BY LOCAL REGISTRAR Dec 12, 1954
REGISTRAR'S SIGNATURE Elizabeth Hopkins
24. FUNERAL DIRECTOR Baxter Bros
ADDRESS Centreville Md.

RECEIVED
DEC 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11868

11863½

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:
COUNTY Queen Annes — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Queen Annes
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville
STREET ADDRESS (If rural give location) Water Street

3. NAME OF DECEASED: (Type or Print) (First) MINNIE (Middle) PEARL (Last) MORGAN

4. DATE OF DEATH: (Month) Dec. (Day) 13 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec 20-1918

9. AGE last birthday: 35 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Za Co - Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Henry Breen

14. MOTHER'S MAIDEN NAME: Agnes Pinder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Olson James Morgan Centreville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.8
Immediate cause (a) Carcinoma of uterus - rectum
DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) bladder
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/10 ,1954, to 12/13 , 1954, that I last saw the deceased alive on 12/12 , 1954, and that death occurred at 1.00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. Henry Frasier M.D. Centreville Md 12/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec 15-54
NAME OF CEMETERY OR CREMATORY Sudlersville
LOCATION (City, town, or county) (State) Sudlersville Maryland

DATE REC'D BY LOCAL REGISTRAR 12/15/54
REGISTRAR'S SIGNATURE Elsie Armstrong

24. FUNERAL DIRECTOR Baxter Bros. ADDRESS Centreville Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 23 1954
BUREAU V. S.

11867 **MARYLAND STATE DEPARTMENT OF HEALTH** 11869

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Church Hill
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Q.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Church Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MINNIE (Middle) (Last) ROLPH

4. DATE OF DEATH (Month) Dec. (Day) 29 (Year) 1954

5. SEX Fem.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Aug. 25-1867
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Austin
14. MOTHER'S MAIDEN NAME Tucker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS George Ridgly = Church Hill, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Acute Cardiac Dilatation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c) Grand Arterial Sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION NO
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) NO m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Dec. 29, 1954, that I last saw the deceased alive on Dec. 25, 1954, and that death occurred at 6.30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
C. H. Mitchell M.D. Ludlowsville Md. 12/30/54

23. BURIAL CREMATION REMOVAL (Specify) DATE THEREOF Dec. 31
NAME OF CEMETERY OR CREMATORY Church Hill
LOCATION (City, town, or county) (State) Church Hill Md.

DATE REC'D BY LOCAL REG. Dec. 30, 1954
REGISTRAR'S SIGNATURE Edgar L. Lane mab.
24. FUNERAL DIRECTOR ADDRESS Edgar L. Lane = Church Hill, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 5 1955
BUREAU V. S.

11868

11870

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barclay
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Barclay

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown 14-37-2
STREET ADDRESS (If rural, give location) 520 W. High St.

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) F. (Last) Smith
4. DATE OF DEATH (Month) Dec. (Day) 7 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan. 21 1883
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian (retired)
10b. KIND OF BUSINESS OR INDUSTRY Postal Dept.
11. BIRTHPLACE (State or foreign country) Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME E. Frank Smith (deceased)
14. MOTHER'S MAIDEN NAME Annie E. Biggs (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS (Wife) Mrs. Iva M. Smith - Chestertown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

434.3

Immediate cause (a) Acute Cardiac Dilatation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(260X) (c) Cerebral Hemorrhage 1952

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION NO
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) NO m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1953, to Dec 7, 1954, that I last saw the deceased alive on Dec 7, 1954, and that death occurred at 2:30 A m., from the causes and on the date stated above.

SIGNATURE C H Mitchell (Degree or title) M.D. ADDRESS Lucksville Md DATE SIGNED 12/7/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 10, 1954
NAME OF CEMETERY OR CREMATORY Chester Cemetery
LOCATION (City, town, or county) (State) Chestertown Maryland

DATE REC'D BY LOCAL REG. 12-7
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR Marvin V. Williams - Chestertown Md ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 10 1954
BUREAU V. S.